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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge)
(37 CFR 1.16 (e))
required)

Attorney Docket Number **PR60416USw**

First Named Inventor **David Francis CORBETT**

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL COMPOUNDS*(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on **(11/15/2004)** as United States Application Number or PCT InternationalApplication Number **PCT/US2004/038126** and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
David Francis

Family Name
Or Surname
CORBETT

Inventor's
Signature

D. F. Corbett

Date

22 - Aug - 05

Residence:

State

Country

Citizenship

Harlow, Essex**GB****GB**

Mailing Address

c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398

City

State

ZIP

Country

Research Triangle Park**NC****27709-3398****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
Or Surname

Kate Anna**DWORNIK**

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Durham**North Carolina****US****US**

Mailing Address

c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398

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supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

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Given Name
(first and middle [if any])
David Francis

Family Name
Or Surname
CORBETT

Inventor's
Signature

Date

Residence:

State

Country

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Harlow, Essex**GB****GB**

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Research Triangle Park**NC****27709-3398****US****NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
Or Surname

Kate Anna**DWORNIK**

Inventor's
Signature

Kate Anna Dwornik

Date

8/24/05

Residence: City

State

Country

Citizenship

Durham**North Carolina****US****US**

Mailing Address

c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398

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Given Name
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David Francis

Family Name
Or Surname
CORBETT

Inventor's
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Given Name
(first and middle [if any])

Family Name
Or Surname

Kate Anna**DWORNIK**

Inventor's
Signature

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Country

Research Triangle Park**NC****27709-3398****US**☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02S or 02LR attached hereto

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page _____ of _____	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Dulce Maria		GARRIDO	
Inventor's Signature <i>Dulce Maria</i>		Date 8-15-05	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen Carl		MCKEOWN	
Inventor's Signature		Date	
Residence: City Great Britain	State	Country GB	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Wendy Yoon		MILLS	
Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US

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Dulce Maria		GARRIDO	
Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Stephen Carl		MCKEOWN	
Inventor's Signature <i>S. McKeown</i>		Date 12 Aug '05	
Residence: City Great Britain	State	Country GB	Citizenship GB
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US
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Given Name (first and middle (if any))		Family Name or Surname	
Wendy Yoon		MILLS	
Inventor's Signature		Date	
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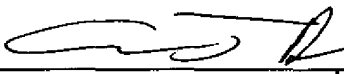
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Inventor's Signature		Date	
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Inventor's Signature		Date	
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Given Name (first and middle [if any])		Family Name or Surname	
Wendy Yoon		MILLS	
Inventor's Signature <i>Wendy Y. Mills</i>		Date 8/16/05	
Residence: City Durham	State NC	Country US	Citizenship US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Andrew James		PEAT	
Inventor's Signature 		Date 8/8/05	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Terrence, Lee, JR.		SMALLEY	
Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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Inventor's Signature		Date	
Residence: City Durham	State NC	Country US	Citizenship US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Terrence, Lee, JR.		SMALLEY	
Inventor's Signature <i>Terrence Lee Smalley, Jr.</i>		Date 8/10/2005	
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709-3398	Country US
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